

BUILDING & ZONING PERMIT APPLICATION



2000 MUNICIPAL DR.
NEENAH, WI 54956
BUILDING INSPECTIONS: (920) 720-7104
COMMUNITY DEVELOPMENT: (920) 720-7105

PERMIT #:	
RECEIPT #:	

PROJECT ADDRESS:	PARCEL #:
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PROPERTY OWNER		APPLICANT <input type="checkbox"/> CHECK IF SAME AS OWNER	SPECIFY PERMIT(S) <i>(CHECK ALL REQUESTED)</i>	FEES	
				BUILDING	ZONING
NAME:			<input type="checkbox"/> FENCE	—	\$50
ADDRESS:			<input type="checkbox"/> DECK	\$50	\$50
CITY, ST, ZIP:			<input type="checkbox"/> SHED	\$50	\$50
CONTACT NAME:			<input type="checkbox"/> GARAGE (DETACHED)		\$50
PHONE:			<input type="checkbox"/> RESIDENTIAL ADDITION		\$100
EMAIL:			<input type="checkbox"/> NEW DUPLEX		\$200
			<input type="checkbox"/> NEW SINGLE FAMILY		
DWELLING CONTRACTOR CREDENTIAL (1-OR 2-FAMILY) OR BUILDING CONTRACTOR CREDENTIAL			<input type="checkbox"/> NEW COMM/IND. BUILD		\$200 + .05/sq. ft.
			<input type="checkbox"/> COMMERCIAL ADDITION		
DWELLING CONTRACTOR QUALIFIER (1- OR 2-FAMILY)			<input type="checkbox"/> SIGN (FREE STANDING)		\$50
			<input type="checkbox"/> OTHER (DESCRIBE BELOW)		
			ESCROW AMOUNT:		
			TOTAL:		

<input type="checkbox"/> RESIDENTIAL (1 OR 2 FAMILY) <input type="checkbox"/> COMMERCIAL/ INDUSTRIAL/ MULTI-FAMILY <input type="checkbox"/> AGRICULTURAL <input type="checkbox"/> PRINCIPAL STRUCTURE <input type="checkbox"/> ACCESSORY STRUCTURE	IF APPLICABLE:	DESCRIBE EXISTING STRUCTURES: _____ _____ _____ _____ DESCRIBE PROPOSED CONSTRUCTION: _____ _____ _____ _____			
	FINISHED BSMT SQ. FTG:				
	UNFINISHED BSMT SQ. FTG:				
	1st FLOOR SQ. FTG:				
	2nd FLOOR SQ. FTG:				
GARAGE SQ.FTG: <input type="checkbox"/> ATTACHED <input type="checkbox"/> DETACHED		NEW STRUCTURE OVERALL HEIGHT:		ESTIMATED COST:	

CURRENT ZONING: _____	STORMWATER/EROSION CONTROL: <input type="checkbox"/> YES <input type="checkbox"/> NO	NOTES/CONDITIONS _____ _____ _____ _____ _____ _____
CENSUS #: _____	SEWER: <input type="checkbox"/> PRIVATE <input type="checkbox"/> UPDATE <input type="checkbox"/> NEW <input type="checkbox"/> N/A	
FUTURE LANDUSE: _____	SANITARY PERMIT # _____ DATE _____ BY _____	
OVERLAY: <input type="checkbox"/> SL <input type="checkbox"/> WL <input type="checkbox"/> FP <input type="checkbox"/> SWDD <input type="checkbox"/> AIR <input type="checkbox"/> NONE		
EASEMENTS: <input type="checkbox"/> N/A <input type="checkbox"/> STORM <input type="checkbox"/> UTILITY <input type="checkbox"/> ROW <input type="checkbox"/> OTHER: _____		
	STREET REAR SIDE SIDE	
PRINCIPAL SETBACK	/ / / /	
ACCESSORY SETBACK	/ / / /	

THE UNDERSIGNED AGREES TO PERFORM THE WORK SPECIFIED ABOVE IN STRICT COMPLIANCE WITH ALL THE PROVISIONS OF THE VILLAGE OF FOX CROSSING BUILDING CODE, VILLAGE OF FOX CROSSING ZONING ORDINANCE AND THE BUILDING CODES OF THE STATE OF WISCONSIN. PERMIT IS NULL AND VOID IF ISSUED IN ERROR OR IF APPLICANT MISREPRESENTS ANY FACTS. STRUCTURES BUILT IN ANY EASEMENT REQUIRES PERMISSION FROM THE EASEMENT HOLDER. DAMAGE TO ANY STRUCTURE LOCATED IN ANY EASEMENT IS THE PROPERTY OWNER'S RESPONSIBILITY. IT IS THE RESPONSIBILITY OF THE PROPERTY OWNER TO VERIFY PROPERTY LINES, VILLAGE GIS MAPS AND AERIAL PHOTOS CANNOT BE RELIED UPON FOR ACCURACY.

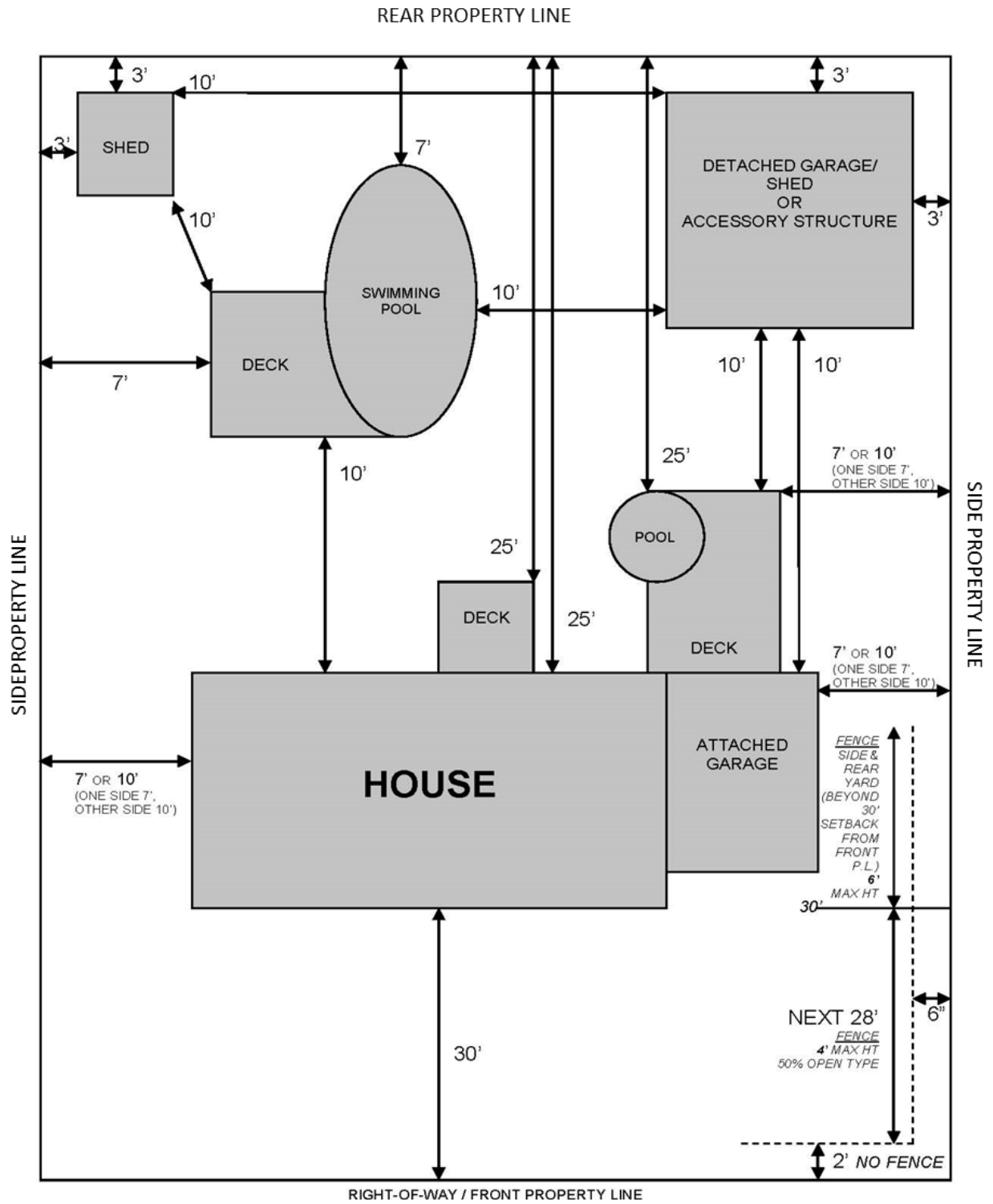
The Village does not enforce covenants and will issue permits that may be contrary to any existing covenants as long as the permit meets Village regulations. IT IS THE OWNER'S RESPONSIBILITY TO CHECK THEIR SUBDIVISION COVENANTS. CALL REGISTER OF DEEDS AT 920/232-3394

NOTE: THIS PERMIT DOES NOT INCLUDE PLUMBING, ELECTRICAL, OR HVAC INSTALLATIONS

APPLICANT SIGNATURE:		DATE:	
BUILDING OFFICIAL:		DATE:	
ZONING ADMINISTRATOR:		DATE:	

SITE PLAN EXAMPLE

(WITH SETBACK MINIMUMS)*



PICTURE NOT TO SCALE

*DIFFERENT SETBACKS APPLY TO CORNER LOTS. PLEASE INQUIRE.